



POLICE DEPARTMENT

COMMITTED TO SERVICE, DEDICATED TO PROFESSIONALISM

TEEN POLICE ACADEMY Cadet Application

The League City Police Department Teen Police Academy provides a “behind the badge” learning experience for high school students who are genuinely interested in a career in law enforcement. The Teen Academy consists of a series of classes and hands-on activities designed to give the cadets a working knowledge of our police department.

It is important that you answer each question accurately and completely. If the question does not apply to you, you may enter “N/A”. If your question requires more space than provided, use the back of the page or attach additional sheets. Please be assured your information will be kept confidential and will not be released to unauthorized persons. **APPLICATION DUE DATE FRIDAY, JULY 5th. Applications turned in late will not be accepted. The Academy is Monday, July 25th to Friday July 29th.**

PERSONAL INFORMATION

APPLICANT NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
Street CITY ZIP

HOME PHONE NUMBER: _____ CELL NUMBER: _____

DOB: _____ AGE: _____ GENDER: _____

PARENT / GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____
STREET CITY ZIP

HOME PHONE NUMBER: _____ CELL NUMBER: _____

PARENT EMAIL: _____



SCHOOL INFORMATION

SCHOOL ATTENDING: _____ GRADE: _____

OVERALL GRADE AVERAGE: A__ B__ C__ D__

School Representative: _____ Phone # _____

Email: _____

Have you received any negative discipline relating to conduct or grades while attending this school?

This program is not designed or intended to treat or counsel any disciplinary problems. Applicants MUST not have any excessive or serious disciplinary issues in school or with police. Any disruptive students will be immediately removed from the Teen Academy.

If yes, explain:

ANY MEMBERSHIPS AND ORGANIZATIONS

EMPLOYMENT

EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____
STREET CITY ZIP

POSITION: _____ SUPERVISOR: _____

Will attendance at the academy adversely affect your work attendance? _____

If Yes, will you be able to schedule time off in advance for academy attendance? _____

CRIMINAL HISTORY

Have you ever been arrested, detained by police or charged with any criminal offense including a traffic citation? _____

If yes, explain:



HEALTH INFORMATION

Physician: _____ Phone#: _____

Insurance Company: _____ Policy#: _____

Insurance Phone #: _____

Are you currently under a doctor's care for ANY disability or chronic illnesses? _____

If yes, explain:

CURRENT MEDICATIONS:

ANY SERIOUS ILLNESSES, INJURIES, SURGERIES:

ANY ALLERGIES?

Do you have ANY condition that you feel may restrict your ability to perform under stress or limit your participation in physically challenging exercises?

If yes, explain:



I hereby approve and agree to all the terms and conditions of this application and certify to its correctness. I understand that making an application to the League City Police Department Teen Police Academy does not guaranty the applicant acceptance in the Teen Academy. LCPD Teen Academy staff will fill the academy with the best qualified applicants.

Applicant's Signature

Date

Parent / Guardian Signature
(If applicant is under 18 years of age)

Date

Please contact the LCPD Teen Academy Coordinator Officer Todd Young for any further information.
291-554-1848 or todd.young@leaguecitytx.gov

